



MEMORANDUM

June 11, 2021

To: Subcommittee on Health Members and Staff

Fr: Committee on Energy and Commerce Staff

Re: Legislative Hearing on “Booster Shot: Enhancing Public Health through Vaccine Legislation”

On Tuesday, June 15, 2021, at 10:30 a.m. (EDT) via Cisco WebEx online video conferencing, the Subcommittee on Health will hold a legislative hearing entitled, “Booster Shot: Enhancing Public Health through Vaccine Legislation.”

I. BACKGROUND

With a coordinated and comprehensive effort, the United States can eliminate the threat of vaccine-preventable diseases (VPDs), such as varicella, influenza, tetanus, diphtheria, pertussis, hepatitis A and B, human papillomavirus (HPV), measles, poliovirus, shingles, and the coronavirus disease of 2019 (COVID-19), among others.¹ Progress has been made in the United States, yet there are still significant gaps in vaccine uptake and coverage, varying by disease, age, race, and ethnicity.² The COVID-19 pandemic has reinvigorated discussions concerning the current vaccine landscape and presents opportunities for and challenges to immunization infrastructure and public health system in the United States.³

A. Advisory Committee on Immunization Practices

The Advisory Committee on Immunization Practices (ACIP) is a body of 15 medical and public health experts that advises the Centers for Disease Control and Prevention (CDC) on how to effectively control diseases with vaccines.⁴ CDC implements adult and pediatric immunization schedules based on recommendations from ACIP regarding age, doses needed,

¹ Department of Health and Human Services, *Vaccines National Strategic Plan for the United States 2021-2025* (www.hhs.gov/sites/default/files/HHS-Vaccines-Report.pdf) (accessed June 3, 2021).

² *Id.*

³ *Id.*

⁴ Centers for Disease Control and Prevention, *Advisory Committee on Immunization Practices* (www.cdc.gov/vaccines/acip/committee/role-vaccine-recommendations.html) (accessed June 2, 2021).

time between doses, and necessary precautions and considerations.⁵ In the past year, ACIP has been heavily involved in the review of vaccines for COVID-19 and most recently facilitated access to emergency use of certain vaccines for people under the age of 18.⁶ There are currently 24 illnesses, including COVID-19, for which ACIP has provided vaccine-specific recommendations.⁷

B. Vaccine Coverage

Depending on insurance type, adults and children in the United States may be covered for most or all ACIP and CDC recommended vaccines. Uninsured or underinsured adults and children may also qualify for free or low-cost vaccinations.

Under the Affordable Care Act (ACA), all private insurance plans on the Marketplaces and ACA-compliant employer-sponsored plans must cover tetanus, diphtheria, pertussis, hepatitis A, hepatitis B, herpes zoster (shingles), HPV, haemophilus influenza type b, seasonal influenza, measles, mumps, rubella, poliovirus, meningococcal, pneumococcal, rotavirus, and varicella vaccines as preventative care. As a preventative care benefit, patients are not charged copayments or coinsurance for vaccines administered in-network, even if the policyholder has not met the yearly deductible.⁸ This applies to adults and children covered under their parents' insurance plan.

Medicaid and Children's Health Insurance Program (CHIP) coverage of vaccines for low-income adults and families differs by eligibility group and by state. All children under the age of 21 who qualify for the Early and Periodic Screening and Diagnostic Treatment (EPSDT) benefit are eligible to receive all ACIP-recommended vaccines.⁹ Adults who are eligible for Medicaid through Medicaid expansion are also eligible to receive all ACIP-recommended vaccines without cost-sharing.¹⁰ Generally, for adults in traditional Medicaid, vaccines are not mandatory, although many states do cover all ACIP-recommended vaccines voluntarily.¹¹

⁵ *Id.*

⁶ Centers for Disease Control and Prevention, *COVID-19 Vaccine Recommendations and Guidelines of the ACIP* (www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html) (accessed June 2, 2021).

⁷ *Id.*

⁸ HealthCare.gov, *Preventative care benefits for adults* (www.healthcare.gov/preventive-care-adults/) (accessed June 2, 2021).

⁹ Medicaid.gov, *Quality of Care Vaccines* (www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/quality-of-care-vaccines/index.html) (accessed June 2, 2021).

¹⁰ Medicaid and CHIP Payment and Access Commission, *Medicaid Coverage of Vaccines* (Sept. 25, 2020) (www.macpac.gov/wp-content/uploads/2020/09/Medicaid-Coverage-of-Vaccines.pdf).

¹¹ *Id.*

Medicaid-eligible, uninsured, underinsured, and American Indian/Alaska Native (AI/AN) children may qualify for the Vaccines for Children (VFC) program. Under the VFC, CDC purchases vaccines at a discount and distributes them to state and local public health departments, which then pass them on to private providers, public health clinics, federally qualified health clinics (FQHC), and rural health clinics (RHC).¹² These providers cannot charge parents for the cost of the vaccine, but may charge a vaccine administration fee.¹³ For children enrolled in Medicaid, Medicaid pays the administration fee.¹⁴ A child cannot be refused a vaccine if a parent is not able to afford the administration fee.¹⁵ Uninsured adults may be eligible for vaccines through state and local preventive health service grants funded by Section 317 of the Public Health Service Act.¹⁶

Medicare provides vaccines for older adults and other Medicare beneficiaries under Parts B and D. Medicare Part B only covers a small number of vaccines: seasonal flu, pneumococcal, Hepatitis B, the COVID-19 vaccine, and vaccines directly related to the treatment of injury or exposure to a condition like rabies or tetanus.¹⁷ Preventive vaccines are covered under Part B without any beneficiary cost-sharing. Medicare Part D plans, which offer outpatient prescription drug coverage, cover the commercially available preventive vaccines that are not offered under Part B. Each Part D plan formulary specifies which vaccines are covered, such as the hepatitis A and shingles vaccine.¹⁸ In contrast to Part B covered vaccines, the vaccines covered under Part D could be subject to beneficiary cost-sharing, such as a co-payment or coinsurance, subject to the beneficiary's plan.¹⁹ Immunization coverage under Medicare is separated due to statutory requirements under Part B that were in place before Part D was enacted in 2006.²⁰

The COVID-19 pandemic and rapid development of vaccines to prevent the disease present unique challenges to the U.S. immunization landscape. Under the federal COVID-19 vaccination program, COVID-19 vaccines are available to everyone residing in the United States, regardless of insurance status, at no cost. The Families First Coronavirus Response Act

¹² Centers for Disease Control and Prevention, *Vaccines for Children Program* (www.cdc.gov/vaccines/programs/vfc/about/index.html) (accessed June 2, 2021).

¹³ *Id.*

¹⁴ *See* note 10.

¹⁵ *See* note 12.

¹⁶ Kaiser Family Foundation, *Vaccine Coverage, Pricing, and Reimbursement in the U.S.*, (Nov. 18, 2020) (www.kff.org/coronavirus-covid-19/issue-brief/vaccine-coverage-pricing-and-reimbursement-in-the-u-s/).

¹⁷ Centers for Disease Control and Prevention, *Vaccine Information for Adults, How to Pay for Vaccines* (www.cdc.gov/vaccines/adults/pay-for-vaccines.html) (accessed June 2, 2021).

¹⁸ Medicare Payment Advisory Commission, *Medicare Coverage for Vaccines* (Sept. 4, 2020) (medpac.gov/docs/default-source/meeting-materials/medpac_medicare_coverage_for_vaccines_sept_2020.pdf?sfvrsn=0).

¹⁹ *See* note 16.

²⁰ *Id.*

(FFCRA), signed into law on March 18, 2020, required state Medicaid and CHIP programs to cover COVID-19 vaccines without cost-sharing in order to access enhanced federal funding.²¹ The Coronavirus Aid, Relief, and Economic Security (CARES) Act, signed into law on March 27, 2020, required COVID-19 vaccine coverage in Medicare under Part B with no cost-sharing.²² The CARES Act also required private insurance plans, whether employer-sponsored or individual marketplace, to cover COVID-19 vaccines as a preventative service without cost-sharing and with no charge for administering the vaccine, even if administered by an out-of-network provider.²³ The American Rescue Plan Act of 2021, signed into law on March 11, 2021, reinforced America's COVID-19 immunization efforts by providing \$7.5 billion to CDC for vaccine distribution and administration, as well as additional funding to the Health Resources and Services Administration (HRSA), the Federal Emergency Management Agency (FEMA), and other federal agencies to assist in providing free COVID-19 vaccinations.²⁴

C. Pediatric Immunizations

CDC produces immunization schedules for children and adolescents from birth to the age of eighteen.²⁵ Currently, the Child & Adolescent Immunization Schedule recommends 16 different vaccines for VPDs.²⁶ Pediatric vaccination rates are considered high. In the 2017-2018 school year, kindergarten students had a median vaccination rate of nearly 95 percent for the majority of ACIP-recommended vaccines, including measles, mumps, rubella, tetanus, diphtheria, pertussis, and varicella.²⁷ Seasonal flu vaccination rates in children, however, are consistently lower than other ACIP-recommended vaccines. During the 2019-2020 flu season, children aged six months to 17 years had a flu vaccination rate of 63.8 percent.²⁸ In 2014, the CDC estimated that childhood vaccinations for children born between 1994 and 2013 would prevent 322 million

²¹ Kaiser Family Foundation, *The Families First Coronavirus Response Act: Summary of Key Provisions* (Mar. 23, 2020) (www.kff.org/coronavirus-covid-19/issue-brief/the-families-first-coronavirus-response-act-summary-of-key-provisions/).

²² See note 16.

²³ *Id.*

²⁴ Kaiser Family Foundation, *What's in the American Rescue Plan for COVID-19 Vaccine and Other Public Health Efforts?* (Mar. 16, 2021) (www.kff.org/policy-watch/whats-in-the-american-rescue-plan-for-covid-19-vaccine-and-other-public-health-efforts/).

²⁵ Centers for Disease Control and Prevention, *Child & Adolescent Immunization Schedule* (www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#birth-15) (accessed June 2, 2021).

²⁶ *Id.*

²⁷ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report (MMWR): Vaccination Coverage for Selected Vaccines and Exemption Rates Among Children in Kindergarten – United States, 2017-18 School Year* (Oct. 12, 2018) (www.cdc.gov/mmwr/volumes/67/wr/mm6740a3.htm?s_cid=mm6740a3_w).

²⁸ Centers for Disease Control and Prevention, *Influenza (Flu) General Population Coverage* (Oct. 1, 2018) (www.cdc.gov/flu/fluview/cov-1920estimates.htm).

illnesses, 21 million hospitalizations, and 732,000 premature deaths over the course of their lifetimes, saving society \$1.38 trillion.²⁹

D. Adult Immunizations

Compared to children, adult vaccination rates are low, and the burden of VPD in adults is high. Each year, providers in the United States report over 3,000 cases of hepatitis B, 40,000 cases of pneumococcal disease, and approximately one million cases of shingles.³⁰ In 2018, the hepatitis B vaccination rate was 30 percent in adults over the age of nineteen.³¹ In the same year, the pneumococcal vaccination rate (at least one dose) for high-risk adults aged 19-64 was 23.3 percent; it was significantly higher for older adults above the age of 65, at 69 percent.³² The vaccination rate for shingles in 2018, which ACIP recommends for people older than 50, was 24.1 percent.³³ During the 2019-2020 flu season, adults over the age of 18 had a flu vaccination rate of 48.4 percent.³⁴ In 2016, the Department of Health and Human Services (HHS) and the National Vaccine Advisory Committee (NVAC) released the National Adult Immunization Plan to address consistently low adult vaccination rates, which included strategies to increase the availability of vaccines and improve immunization data infrastructure.³⁵

E. Immunization Disparities

Despite recent, modest gains in ACIP-recommend immunization rates, stagnation and disparities persist by age, race, ethnicity, gender, and economic status.³⁶ Asian adults in the United States have lower immunization rates than white adults for 11 of the 14 recommend vaccines; Black and Hispanic adults have lower rates than white adults for all 14 recommended vaccines.³⁷ Pediatric vaccination rates by the age of 24 months for tetanus, poliovirus, measles, mumps, rubella, varicella, and pneumococcal disease are lowest among AI/AN and Native

²⁹ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report (MMWR): Benefits from Immunization During the Vaccines for Children Program Era — United States, 1994–2013* (Apr. 25, 2014) (www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a4.htm).

³⁰ See note 1.

³¹ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report (MMWR): Surveillance of Vaccination Coverage Among Adult Populations – United States, 2018* (May 21, 2021) (www.cdc.gov/mmwr/volumes/70/ss/ss7003a1.htm).

³² *Id.*

³³ *Id.*

³⁴ See note 28.

³⁵ See note 1.

³⁶ *Id.*

³⁷ Centers for Disease Control and Prevention, *AdultVaxView: Vaccination Coverage among Adults in the United States, National Health Interview Survey, 2017* (www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2017.html#trends-coverage) (accessed June 3, 2021).

Hawaiian or other Pacific Islander children.³⁸ Additionally, there are higher proportions of uninsured children and children covered by Medicaid than children covered by private insurance, who have not received any vaccines; 4.1 percent, 1.3 percent, and 0.8 percent, respectively.³⁹ In 2019, only 40 percent of pregnant women received both the tetanus, diphtheria, and pertussis vaccine and the influenza vaccine, which are recommend during pregnancy to reduce the risk of severe illness for the mother and infant.⁴⁰ Among Black and Hispanic pregnant women, the vaccination rate for both recommend vaccines during pregnancy was 23 percent and 25.4 percent, respectively, compared to 46 percent for white women.⁴¹ Data for COVID-19 vaccine administration by race and ethnicity in the United States is still being collected by the CDC. As of May 25, 2021, race and ethnicity data was available for 56 percent of individuals who had received at least one dose of the available vaccines; 62 percent of those individuals were white, 14 percent were Hispanic, nine percent were Black, six percent were Asian, one percent were AI/AN, and less than one percent were Native Hawaiian or Other Pacific Islander.⁴²

F. Vaccine Safety and Surveillance

The United States has a robust vaccine safety monitoring and reporting system. During the development of vaccines, manufacturers conduct extensive clinical trials that must adhere to strict Food and Drug Administration (FDA) standards.⁴³ The Vaccine Adverse Event Reporting System (VAERS) is an early warning system monitored by FDA and CDC where anyone – health care providers, vaccine manufacturers, patients, and their families – can report an adverse

³⁸ Center for Disease Control and Prevention, *Stacks Home: Supplementary table 1 for Vaccination Coverage by Age 24 Months Among Children Born in 2016 and 2017 – National Immunization Survey-Child, United States, 2017-2019* (stacks.cdc.gov/view/cdc/95228) (accessed June 3, 2021).

³⁹ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report (MMWR): Vaccination Coverage by Age 24 Months Among Children Born in 2016 and 2017 – National Immunization Survey-Child, United States, 2017-2019* (Oct. 23, 2020) (www.cdc.gov/mmwr/volumes/69/wr/mm6942a1.htm?s_cid=mm6942a1_w).

⁴⁰ Centers for Disease Control and Prevention, *Influenza and Tdap Vaccination Coverage Among Pregnant Women – United States, April 2020* (Oct. 2, 2020) (www.cdc.gov/mmwr/volumes/69/wr/mm6939a2.htm?s_cid=mm6939a2_w).

⁴¹ *Id.*

⁴² Kaiser Family Foundation, *Latest Data on COVID-19 Vaccinations Race/Ethnicity* (May 26, 2021) (www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/).

⁴³ Food and Drug Administration, *Vaccine Development – 101* (www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/vaccine-development-101) (accessed June 3, 2021).

reaction to a vaccination.⁴⁴ If VAERS determines that a vaccine may be the cause of an adverse reaction, FDA and CDC may conduct further surveillance through other safety monitoring systems.⁴⁵ The CDC’s Clinical Immunization Safety Assessment (CISA) Project is a network of vaccine experts and medical research centers that conducts clinical case reviews, evaluates vaccine safety issues, researches vaccine safety in special populations, and responds to public health emergencies.⁴⁶ The Vaccine Safety Datalink (VSD) is a partnership between the CDC and nine health care organizations across the country that also monitors and evaluates the safety of vaccines, often following adverse event reports from VAERS.⁴⁷ As a result of the COVID-19 pandemic and the mass vaccination campaign, the CDC created V-safe, a cellphone-based reporting tool where individuals can report adverse reactions to a COVID-19 vaccine in real time via text message.⁴⁸

In very rare cases, a vaccine may cause injury to an individual after its approval by the FDA and recommendation by ACIP and CDC. Injured parties may seek legal recourse and compensation through the National Vaccine Injury Compensation Program (VICP), which is administered by HRSA, with claims adjudicated by the U.S. Court of Federal Claims.⁴⁹ VICP was established in 1988 with the objectives of ensuring adequate vaccine supply, stabilizing vaccine costs, and establishing an efficient claim and adjudication process for individuals injured by a vaccine. Successful claims under VICP are paid out of the Vaccine Injury Compensation Trust Fund, which is funded by a 75-cent excise tax on each dose of recommended childhood vaccines.⁵⁰

II. LEGISLATION

A. H.R. 550, the “Immunization Infrastructure Modernization Act”

⁴⁴ Centers for Disease Control and Prevention, *Vaccine Adverse Event Reporting System (VAERS)* (June 3, 2021) (www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html).

⁴⁵ *Id.*

⁴⁶ Centers for Disease Control and Prevention, *Vaccine Safety: CISA* (www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html) (accessed June 3, 2021).

⁴⁷ Centers for Disease Control and Prevention, *Vaccine Safety Datalink (VSD)* (www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vsd/index.html) (accessed June 3, 2021).

⁴⁸ Centers for Disease Control and Prevention, *COVID-19: V-Safe* (May 21, 2021) (www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html).

⁴⁹ Health Resources & Services Administration, *About the Vaccine Injury Compensation Program* (www.hrsa.gov/vaccine-compensation/about/index.html) (accessed June 3, 2021).

⁵⁰ *Id.*

H.R. 550, the “Immunization Infrastructure Modernization Act”, introduced by Reps. Kuster (D-NH) and Bucshon (R-IN), would authorize \$400 million for grants to expand, enhance, and improve immunization information systems administered by health departments and used by health care providers. This bill directs the HHS to develop a strategy to improve immunization information systems, designate data and technology standards for the systems, and award grants to health departments and government organizations to improve their immunization systems based on the developed standards. It also requires HHS to report to the Committee one year after enactment on the barriers to public health authorities on implementing interoperable immunization information systems, the exchange of information, or reporting, as well as the barriers to establish effective networks to support immunization reporting and monitoring and an assessment of immunization coverage and access including any disparities or gaps.

B. H.R. 951, the “Maternal Vaccinations Act”

H.R. 951, the “Maternal Vaccinations Act”, introduced by Rep. Sewell (D-AL) and 44 original cosponsors, would require CDC to carry out a national campaign to increase awareness of maternal vaccinations for pregnant and postpartum individuals and their children and to increase maternal vaccination rates with a focus on communities with historically high rates of unvaccinated individuals. Additionally, CDC would be required to make resources developed for the campaign publicly available. CDC would be required to establish metrics for evaluating the campaign and submit a report detailing the impact of the campaign to Congress. There would be \$2 million authorized for each of fiscal years 2022 through 2026. This bill is also included in H.R. 959, the Black Maternal Health Momnibus Act of 2021.

C. H.R. 979, the “Vaccine Fairness Act”

H.R. 979, the “Vaccine Fairness Act,” introduced by Rep. Craig (D-MN), would direct the HHS Secretary to submit a weekly report to Congress on COVID-19 vaccine distribution, including the number of doses administered, any purchases made, and progress made on distribution to high-risk groups and in high-risk congregate care settings. Disaggregated data on vaccine distribution by age, race, ethnicity, and zip code would be required, as well as a description of any deviations from federal distribution plans. Certain demographic data would be required to be made available publicly on HHS’s website. The requirements would cease to be effective 18 months after the initial report is made available.

D. H.R. 1452, To direct the Secretary of Health and Human Services to publish the formula the Secretary uses to determine the allocation of COVID-19 vaccines, and for other purposes.

H.R. 1452, introduced by Reps. Crenshaw (R-TX), Granger (R-TX), Taylor (R-TX), Jackson (R-TX), and Weber (R-TX), would require the HHS Secretary to publish the formula used to determine the allocation of COVID-19 vaccines to States, localities, the Department of Defense, the Department of Veterans Affairs, the Indian Health Service, the Department of Homeland Security, and other Federal agencies, as well as the sources of data used to determine the formula.

E. H.R. 1550, the “Promoting Resources to Expand Vaccination, Education and New Treatments for HPV Cancers Act of 2021” or the “PREVENT HPV Cancers Act of 2021”

H.R. 1550, the “PREVENT HPV Cancers Act of 2021”, introduced by Reps. Castor (D-FL) and Schrier (D-WA), would create a national CDC public awareness campaign targeted to communities with the lowest HPV vaccination rates, with the goal of increasing vaccinations and preventing HPV-associated cancers. This bill would also provide funding to enhance HPV-cancer research at the National Cancer Institute, improve state immunization information systems, and expand CDC’s Cervical Cancer Early Detection initiative.

F. H.R. 1978, the “Protecting Seniors Through Immunization Act of 2021”

H.R. 1978, the “Protecting Seniors Through Immunization Act”, introduced by Reps. Kuster and Bucshon, would ensure that all Medicare Part D covered vaccines recommended by ACIP have no beneficiary cost-sharing, including no application of a deductible, no application of coinsurance, or no application of the initial coverage limit or out-of-pocket threshold. The bill would also require additional information to be shared regarding vaccines for seniors as part of the Medicare & You handbook and would require CDC, in collaboration with CMS, to conduct a study on the uptake of vaccines among the Medicare beneficiary population.

G. H.R. 2170, the “Helping Adults Protect Immunity Act” or the “HAPI Act”

H.R. 2170, the “HAPI Act”, introduced by Rep. Soto (D-FL), would require all Medicaid programs to cover ACIP-recommended vaccines for adults that receive traditional Medicaid benefits. ACIP-recommended vaccines are already a mandatory benefit for children in Medicaid and adults covered by Medicaid expansion. It would also prohibit cost sharing for vaccines and increase the federal matching assistance percentage (FMAP) for vaccines by one percentage point.

H. H.R. 2347, the “Strengthening the Vaccines for Children Act of 2021”

H.R. 2347, the “Strengthening the Vaccines for Children Act”, introduced by Reps. Schrier, Butterfield (D-NC), McKinley (R-WV), and Joyce (R-PA), would enhance the Vaccines for Children Program, which provides ACIP-recommended vaccines to low-income children. These enhancements include extending eligibility to children enrolled in CHIP, making changes to ensure adequate payment for multi-component vaccines, providing up to \$10,000 in incentive payments to participating providers, temporarily increasing provider rates to the Medicare level, and providing a two-year FMAP increase of one percentage, among other programmatic changes. The bill would also require the CDC to publicly report information related to demographic data of those vaccinated under the program, and require a GAO study on the analysis of the effects of the bill’s provisions on vaccination rates and provider participation.

I. H.R. 3013, the “COVID Vaccine Transportation Access Act”

H.R. 3013, the “COVID Vaccine Transportation Access Act”, introduced by Reps. Barragan (D-CA), Cardenas (D-CA), Clarke (D-NY), Ruiz (D-CA), Holmes Norton (D-DC), Blumenauer (D-OR), and Soto aims to remove transportation barriers for individuals in underserved communities who seek COVID-19 vaccines, including booster shots, by authorizing grants to qualified community organizations for purposes of providing transportation to and from vaccination sites. This bill would also make permanent enhancements to Medicaid FMAP rates for non-emergency medical transportation to coronavirus vaccines.

J. H.R. 3655, the “Vaccine Injury Compensation Modernization Act”

H.R. 3655, the “Vaccine Injury Compensation Modernization Act”, introduced by Reps. Doggett (D-TX) and Upton (R-MI), would make several changes to the VICP, including: removing the current cap of eight special masters and replacing it with a floor of at least 10 special masters; updating reporting requirements; requiring the table to be updated more quickly as new vaccines are recommended; increasing compensation caps; and changing the statute of limitations from 36 months after the date of the occurrence of the first symptom or manifestation or significant aggravation of injury to five years after such date.

K. H.R. 3743, the “Supporting the Foundation for the National Institutes of Health and the Reagan-Udall Foundation for the Food and Drug Administration Act”

H.R. 3743, the “Supporting the Foundation for the National Institutes of Health and the Reagan-Udall Foundation for the Food and Drug Administration Act”, introduced by Reps. Hudson (R-NC) and Eshoo (D-CA), would authorize the National Institutes of Health (NIH) and FDA to increase transfer authority for funding to their supporting foundations, the Foundation for the National Institutes of Health (FNIH) and the Reagan-Udall Foundation for the Food and Drug Administration.

L. H.R. 3742, the “Vaccine Information for Nursing Facility Operators” or the “Vaccine INFO Act”

H.R. 3742, the “Vaccine Information for Nursing Facility Operators” or the “Vaccine INFO Act”, introduced by Reps. Bilirakis (R-FL) and Rice (D-NY), would require the HHS Secretary to issue revised regulations requiring dissemination of information to staff on all vaccines recommended by ACIP for health care personnel, including information on the benefits and potential side effects of receiving the vaccines and where they may receive the vaccines.

III. WITNESSES

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